Case 2:Q5-cr-00297-WHA-VPM Document 26 Filed 01/23/2006 Page 1 of 1												
1. CIR/DIST/DIV. CODE 2. PERSON REPRESENTED VOUCHER NUMBER											1 01 1	
ALM King, Jo 3. MAG. DKT/DEF. NUMBER			4. DIST. DKT/DEF. NUMBER		R 5. APP	5. APPEALS DKT./DEF.		UMBER	6. OTH	THER DKT. NUMBER		
2:05-000297-004												
7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY					1		SON REPRESENTED 10		10. RE	O. REPRESENTATION TYPE (See Instructions)		
U.S. v. Fulmer Felony							efendant		Cri	Criminal Case		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.  1) 18 471.F UTTERS COUNTERFEIT OBLIGATIONS												
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS COOPER, JR. JAMES R. 312 SCOTT ST MONTGOMERY AL 36104						13. COURT ORDER  X O Appointing Counsel  F Subs For Federal Defender  P Subs For Panel Attorney  Y Standby Counsel  Prior Attorney's Name:						
WONTGOWERT AL 30104						Appointment Date:  Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and						
Telephone Number:(334) 262-4887						(2) does not wish to waive counsel, and because the interests of justice so require, the						
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) or										in this case,		
				VIII I I I I I I I I I I I I I I I I I								
						Signature of the siding Judicial Officer of By Order of the Court						
						Date of Order Nunc Pro Tunc Date						
						Repayment or partial repayment ordered from the person represented for this service at time of appointment.   YES  NO						
	CATEGORIES (Attac	ch itemization of	services with dates)		HOURS CLAIMED	TOT AMO CLAII	UNT	MATH/TECH ADJUSTED HOURS	ADJ	H/TECH USTED DUNT	ADDITIONAL REVIEW	
15. a. Arraignment and/or Plea												
	b. Bail and Detention Hearings											
	c. Motion Hearings											
I	d. Trial											
n C	e. Sentencing Hearings											
0	f. Revocation Hear											
u r	g. Appeals Court	8-										
t	h. Other (Specify o	n additional sh	eets)	-							-	
<u> </u>	(Rate per hour		) то	TALS:								
16. O											······································	
u t	b. Obtaining and r	ļ										
o f	c. Legal research a											
l c	d. Travel time											
u r	e. Investigative and Other work (Specify on additional sheets)											
ť	(Rate per hou	r = \$	) то	TALS:								
17.	Travel Expenses	(lodging, parki	ng, meals, mileage, e	etc.)								
18.	Other Expenses	(other than exp	ert, transcripts, etc.	)								
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO							APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION					
22. CLAIM STATUS  Final Payment  Interim Payment Number  Supplemental Payment												
Have you previously applied to the court for compensation and/or remimbursement for this case?     YES   NO   If yes, were you paid?   YES   NO   Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation?   YES   NO   If yes, give details on additional sheets.   I swear or affirm the truth or correctness of the above statements.												
Signature of Attorney: Date:												
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL					EL EXPENSE	XPENSES 26. OTHER EXPENSES				27. TOTAL AMT. APPR / CERT		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER						Г	DATE			28a. JUDGE / MAG. JUDGE CODE		
29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL E						S 3	32. OTHER EXPENSES			33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment DATE 34a. JUDGE CODE										GE CODE		